

Aminocaproic acid is a synthetic mono-amino carboxylic acid, which is commonly used for the treatment of bleeding disorders owing to its anti-fibrinolytic activity.

Case Report

A 47-year-old Caucasian woman had a pruriginous dermatitis involving her axillary, infra-mammary and inguinal flexures, and the lateral aspects of her trunk. Confluent erythematous patches without epidermal detachment were observed, sparing the extremities and mucous membranes (Fig. 1). There were no systemic symptoms.

A week before the onset of dermatitis, she was started on aminocaproic acid treatment (9 g/day) for excessive vaginal bleeding due to uterine myomatosis. The drug was promptly withdrawn when the cutaneous lesions appeared. The patient was not on any other systemic or topical formulations. Complete remission of the skin lesions was achieved with oral antihistamines, topical corticosteroids, and emollients.

Patch tests were performed 6 weeks after resolution of the lesions. Finn[®] chambers on Scanpor[®] tape were used and readings were made at D2 and D3 in accordance with the International Contact Dermatitis Research Group (ICDRG) criteria. Aminocaproic acid (30% pet. Epsicaprom[®], Bial[®], Portugal) showed a strongly positive reaction (+++).

Aminocaproic acid diluted to a 1% aqueous solution (Bial[®], Portugal) elicited a reaction (+) at D2 and D3, but both 5% aqueous and 10% aqueous aminocaproic acid elicited strong positive reactions at D3 (++ and +++, respectively; Fig. 2). The Portuguese baseline series was also applied but no further positive reactions were seen. Epsicaprom[®] (30% pet.) patch testing elicited no reactions in 10 healthy controls.

Discussion

Previously, the appearance of eyelid eczema due to aminocaproic acid has been reported in Japan, where it is often used in eye drops (1, 2). However, generalized cutaneous reactions to systemic aminocaproic acid seem to be extremely rare.

Maculopapular and generalized micropapular eruptions following aminocaproic acid ingestion have been reported (3, 4). Here, the diagnoses

Systemic allergic dermatitis to epsilon-aminocaproic acid

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Fig. 1. Confluent erythematous patches involving the axillary, inframammary and inguinal flexures and the lateral aspects of the trunk.



Fig. 2. Patch tests with Aminocaproic acid diluted to 1%, 5% and 10% aqueous solutions (D3).

were supported by patch testing, whereas in the former they were made taking 0.8 g of aminocaproic acid. Further cases of adverse cutaneous reactions to aminocaproic acid include rare systemic reactions in which the diagnosis was based purely on clinical data without patch testing (5). Our report represents an unusual case of a generalized cutaneous reaction to systemic aminocaproic acid in which the diagnosis was supported by patch tests.

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